



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1576

SERIAL NUMBER 10/783,607	FILING OR 371(c) DATE 02/19/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 2502187-991300
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Mark V. Weckwerth, Pleasanton, CA;
 Tobin C. Island, Oakland, CA;
 Robert E. Grove, Pleasanton, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/450,243 02/25/2003 and claims benefit of 60/450,598 02/26/2003
 and claims benefit of 60/451,091 02/28/2003
 and claims benefit of 60/452,304 03/04/2003
 and claims benefit of 60/451,981 03/04/2003
 and claims benefit of 60/452,591 03/06/2003
 and claims benefit of 60/456,379 03/20/2003
 and claims benefit of 60/456,586 03/21/2003
 and claims benefit of 60/458,861 03/27/2003
 and claims benefit of 60/472,056 05/20/2003 ABN

ok

**** FOREIGN APPLICATIONS ********None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 88	INDEPENDENT CLAIMS 84
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

29585

TITLE

Self-contained, diode-laser-based dermatologic treatment apparatus and method

FILING FEE RECEIVED 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit